

JUST THE FAQs

FREQUENTLY ASKED QUESTIONS



MEDICAL PLAN QUESTIONS

IS MY DOCTOR IN THE NETWORK?

There is no network for the Cigna Medicare Surround® plan – your health care provider simply must accept Medicare assignment of payment. You will save money on routine vision, however, if you use a participating Cigna Vision doctor for your annual eye exam.

WHAT IF MY DOCTOR DOES NOT ACCEPT MEDICARE?

You can still receive services from that doctor for services that are covered by Medicare, however, Cigna will reimburse you under the assumption that Medicare has already paid for its share of the services. For example, if Medicare would have paid 80% of the charges, Cigna will reimburse you based on the remaining 20% of the charges.

MY DOCTOR DOES NOT ACCEPT CIGNA. CAN I STILL SEE HIM/HER?

Yes. The Cigna Medicare Surround® plan is a plan that does not have network affiliation. It is administered by Cigna, but your health care professional does not need to be contracted with Cigna – your health care provider simply must accept Medicare assignment of payment. For your routine vision benefits, your out of pocket savings will be greater if you do see a provider in Cigna's Vision network.

IS THIS A MEDICARE ADVANTAGE PLAN?

No. This is a supplemental plan to Medicare Parts A & B. If your health care professional currently does not accept Medicare Advantage Plans, but does accept Medicare assignment of payment then you can use the Cigna Medicare Surround® plan.

WHAT “LETTER” IS ASSIGNED TO THIS PLAN BY MEDICARE?

There is no letter assigned to this plan. Medicare assigns letters to the standard MediGap plans that they sell on an individual basis. The benefits in those plans are set, and cannot be changed or supplemented in any way. When employer groups like Loudoun County purchase supplemental plans for their retirees, changes are usually made to the standard “letter” plans in order to make them as comprehensive as possible in coverage. A letter cannot be assigned in those instances, per Medicare’s rules– it’s simply a supplemental plan to Medicare Parts A & B.

WHAT IF I AM ALSO COVERED BY ANOTHER PLAN (TRICARE, BLUE CROSS, ETC.)?

Present your Medicare card and your Cigna ID card to your health care professional when you receive medical care. Medicare will process your claim, and forward directly to Cigna for any further processing. If you have another plan to which you would like to submit your claim, you are responsible for that submission if your doctor does not submit on your behalf.

WHAT IF I AM TRAVELLING ABROAD? AM I STILL COVERED?

You are covered should you need emergency services while you are outside of the United States. Generally, emergency department services are provided when you have an injury, a sudden illness, or an illness that quickly gets much worse. Foreign health care providers and hospitals are not required to file with Medicare, so you will pay for your services where you are, and submit the claim to **Cigna**, who will reimburse your expenses less the \$50 emergency services deductible that you will owe under the plan. **DO NOT** send these charges to Medicare for reimbursement, as Medicare does not cover services incurred outside the United States and you will not be reimbursed.

FOR MORE QUESTIONS ABOUT YOUR MEDICAL PLAN, CALL 1-800-244-6224



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PRESCRIPTION PLAN QUESTIONS

WILL I NEED NEW PRESCRIPTIONS?

You may continue to fill your prescriptions as you normally would at the retail pharmacy. If you have mail order prescriptions, you will need to work with Cigna Home Delivery Pharmacy to switch. You or your doctor can contact Home Delivery pharmacy at **800-285-4812**.

HUMANA SENDS ME AN ANNUAL STATEMENT OF ALL OF MY PRESCRIPTIONS.

WILL CIGNA DO THAT?

You will receive monthly reports from Cigna Medicare Rx that will show how your plan pays your prescription bills. They will also show what you paid or what you need to pay. These reports include an explanation of benefits (EOB) about your pharmacy coverage if you have used your coverage that month. This statement will show the billed charges, what the plan paid and the amount that you paid.

I HAVE AN AUTHORIZATION OR EXCEPTION ON FILE WITH HUMANA. WILL THAT CHANGE?

All medical procedures that were approved prior to July 1st, 2014 will continue without delay. If you had an exception or authorization for medication(s) with Humana, your doctor will need to contact Cigna, after July 1st, to make the same arrangements.

WHAT IS A “TRANSITION OF COVERAGE” POLICY?

Cigna Medicare Rx wants to make sure that you transition safely into our plan after you enroll. An extended transition process is provided for circumstances in which an individual is changing from one treatment setting to another. Since some period of time may exist in where you may have a temporary gap in coverage while going through the exception process, our transition policy would allow coverage of a 31-day supply of medication (unless you have a prescription written for fewer days).

HOW ARE MY DIABETIC SUPPLIES COVERED?

Some diabetic supplies are covered under the medical (Part B) portion of your plan. Those include glucose monitors, test strips, lancets, insulin pumps and insulin used in pumps. For information on where you can receive those supplies, contact Medicare or Cigna. The diabetic supplies that are covered under your Cigna Medicare Rx plan include injectable insulin, syringes, needles, pens, as well as inhaled insulin devices, and those can be obtained at your pharmacy or through Cigna Home Delivery Pharmacy.

HOW ARE VACCINES COVERED?

Vaccine coverage varies between Part B and Cigna Medicare Rx, depending on the vaccine, the reason and sometimes the place in which the vaccine is administered. For more information on how your vaccine will be covered, please contact customer service.

FOR MORE QUESTIONS ABOUT YOUR PHARMACY PLAN, CALL 1-800-558-9562

